

# Macugen® (pegaptanib) injection



When requesting Macugen® (pegaptanib), the individual requiring treatment must be diagnosed with the following FDA-approved indication or the approved off-label compendial use and meet the specific coverage guidelines and applicable safety criteria for the covered indications.

## FDA-approved indications

- Neovascular (Wet) age-related macular degeneration (AMD)

## Approved Off-label Compendial uses

- Diabetic macular edema (DME)

## Coverage Guidelines

For all approved indications the individual meets the following criteria for approval:

- Does not have ocular or periocular infection

**Approval duration: 12 months**

## Dosing Recommendations

- 0.3mg by intravitreal injection once every 6 weeks.

## References

1. Macugen® prescribing information. San Dimas, CA: Gilead Sciences, Inc.: Revised October 2011. January 23, 2017.
2. Pegaptanib (Macugen®): DRUGDEX® System. Micromedex 2.0. Greenwood Village, CO; Thompson Reuters (Healthcare). [Accessed April 17, 2018].
3. Schmidt-Erfurth U<sup>1</sup>, Chong V<sup>2</sup>, et al. Guidelines for the management of neovascular age-related macular degeneration by The European Society of Retina Specialists (EURETINA). *Br J Ophthalmol*. 2014 Sep; 98(9):1144-1167.
4. American Academy of Ophthalmology (2015) Preferred Practice Pattern Age Related Macular Degeneration.